

EXHIBIT 2

DC-121 Part 3 Revised 8/2012 Attachment C 6.3.1, Section 17		Pennsylvania Department of Corrections Employee Report of Incident		Use of Force Occurrence	
To: Capt. Scicchitano		Title: Shift Commander		Date: 9/10/19	Time: 1130
From (Name Printed): Christopher Yoder		Title: Lieutenant		Location of Incident: HA1005	
Employee Signature:			Type of Incident: Z Code Cell Move		
Inmates Involved (Name and Number)		Staff Involved (Name and Title)		Witnesses	
McCullough GA6396		CO Anthony / Sgt. Batiuk / CO			
Harris LT9531		Derr / CO Bordner			
Bundy MX1114					
Bailey LZ4437					
1. Detailed description of the occurrence:					
This officer was contacted by CO Bordner and informed that inmate Harris was released from the POC to the RHU. Inmate Harris required placement in an RHU camera cell. I contacted the RHU Control Center and spoke with CO Anthony. I told him Harris was cleared from the POC to return to an RHU camera cell and told him Bundy needed to be moved from HC1012 to accommodate Harris. Sometime later, I observed CO Derr and Sgt. Batiuk escorting Bundy onto A Pod. The next day, I learned CO Derr and Sgt. Batiuk had moved inmate McCullough from HA1014 to HA1005 with inmate Bailey. Inmate McCullough was assigned a Z-Code.					

2. Actions taken (if force was used, include an account of the events prior to the use of force, the reason(s) for the use of force, and a description of the use of force. If any equipment was used (i.e., EBID, OC, etc.), describe the process, who authorized the equipment, who used the equipment and the effects of usage. (List all action taken in a chronological order.)

1125: Approximate time Contacted by CO Bordner.

1130: Approximate time spoke with CO Anthony.

1200: Approximate time observed Sgt. Batiuk and CO Derr escorting Bundy to A Pod.

3. Description of any weapon(s) used by the inmate(s) or found in the area. If any, attach a photograph of the weapon(s).

No Weapons Observed or Reported.

4. Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.

No Injuries reported by staff or inmates.

If the occurrence involved a planned use of force, was the occurrence videotaped? If no, include an explanation in Section 2. If yes, include the camera operator's name and the custodian of the tape.

☐ No ☐ Yes

Shift Commander Signature:

Date:

Tracking Number (If an attachment to a DC-121 Part 2):